

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name WHITE CASTLE #14	Telephone Number Est 812-945-7864 Own 614-228-5781	Date of Inspection 07/14/2022	ID#		
Address 1701 E. SPRING ST, NEW ALBANY IN 47150					
Owner WHITE CASTLE SYSTEM INC	Purpose <u> </u> Routine <u> X </u> Follow-up <u> </u> Complaint <u> </u> Pre-Operational <u> </u> Temporary <u> </u> HACCP <u> </u> Other (list)	Follow Up 07/21/2022	Released 07/14/2022		
Owner's Address 4730 ALLMOND AVE LOUISVILLE, KY 40209		Menu Type 1 <u> </u> 2 <u> </u> 3 <u> X </u> 4 <u> </u> 5 <u> </u>			
Person in Charge NICOLE CLARK					
Responsible Person's Email CLARKN@WHITECASTLE.COM					
Certified Food Handler NICOLE CLARK DONNA SWIFT					
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"					
Section #	C	NC	R	Narrative	To Be Corrected
431		X	X	Observed the following areas still in need of cleaning; floor drains below prep sink, walk-in freezer floors, ice cream spill behind ice cream machine, inside lobby cabinet.	1 week
415	X		X	Observed rodent dropping in walk-in freezer under pallets.	1 week
392		X	X	Observed side doors of the dumpster to be left open. The rail of dumpster appeared to be cleaned after 1st inspection but due to the side door being left open new dropping are present.	Corrected
Summary of Violations C <u> 1 </u> NC <u> 2 </u> R <u> 3 </u>					
Received by (name and title printed):				Inspected by (name and title printed): Thomas Snider CFS	
Received by (signature):				Inspected by (signature): <i>Thomas Snider</i>	
cc:		cc:		cc:	